

**Personal Information** 

## **Rockwell Manor Personal Care Home**

32 S Turbot Ave, Milton, PA 17847 | Phone: (570) 742-4100

## **Application for Employment**

Full Name:				
Date of Birth:				
Address:				
City/State/Zip:				
Phone Number:	E	mail Address:		
Position Desired				
Position Applying For:				
Date Available to Start:		<u> </u>		
Preferred Shift (check all th	at apply): [ ] Day [ ] Evenin	g []Overnight []Wee	ekends	
Employment Eligibility				
Are you legally eligible to w	ork in the U.S.? [] Yes [] I	No		
Have you worked in a perso	onal care home or similar se	etting? [] Yes [] No		
If yes, where and when?				
Education				
High School:			Degree:	Graduated (Y/N
College/Trade:			Degree:	Graduated (Y/N
Other Training:			Degree:	Graduated (Y/N)
Employment History				
Employer #1:			<u> </u>	
Address:				
Phone:	Position:	Dates:		
Reason for Leaving:				
Employer #2:				
Address:				
Phone:	Position:	Dates:		
Reason for Leaving:				



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Employer #3:		_
Address:		<u> </u>
Phone: Position:	Dates:	
Reason for Leaving:		
Certifications		
[]CPR/First Aid []CNA []PCA []Med Tech []Other	 ·	
References		
Reference #1: Name:	Relationship:	Phone:
Reference #2: Name:	Relationship:	Phone:
Reference #3: Name:	Relationship:	Phone:
Background Information		
Have you been convicted of a felony? [] Yes [] No		
If yes, explain:		
Can you perform the essential duties with or without according	ommodation? [] Yes	[] No
If accommodation needed, describe:		
		· · · · · · · · · · · · · · · · · · ·
Emergency Contact		
Name: Relationship: _	Phon	e:
Applicant Certification		
I certify that the information provided is true and complet	e to the best of my kno	wledge.
I authorize investigation of all statements and understand	d false information may	disqualify me.
Signature:	Date:	